

| POSITION                  | INITIALS | ID NO. | DATE   |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION         | ST       | 12     | 8-7-00 |
| O.I.P.E. CLASSIFIER       |          |        | 9/7    |
| FORMALITY REVIEW          |          |        |        |
| RESPONSE FORMALITY REVIEW | W        | 64830  | 10-12  |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original |          |
| 1              | 5/18/03  |
| 2              | 10/30/03 |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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